

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

F A C T S H E E T

**APPROVAL OF AGREEMENT NO. 02-72248-000
FOR THE PURCHASE AND USAGE OF STATE HOSPITAL BEDS WITH
THE STATE DEPARTMENT OF MENTAL HEALTH FOR FISCAL YEAR 2002-2003
ALL SUPERVISORIAL DISTRICTS
(3 VOTES)**

REQUEST:

Approve and authorize the Director of Department of Mental Health (DMH) to sign the Purchase and Usage of State Hospital Beds Agreement No. 02-72248-000 with the State Department of Mental Health (SDMH).

Approve and authorize the Chairman to sign and execute an original Resolution specifying that the Board has approved the Agreement for Fiscal Year (FY) 2002-2003.

CONTRACTOR:

Section 4330 of the California Welfare and Institutions Code (WIC) requires counties to reimburse the State for use of state hospital beds and SDMH is the agency responsible for the mental health programs at the state level. The State hospital cost computation and the total amount payable by the County to the State is indicated in the Attachment.

INTENT:

The Agreement and the Resolution allow the County to purchase and use the beds at the State hospitals for FY 2002-2003 in accordance with the California WIC.

JUSTIFICATION:

The State has jurisdiction over the Atascadero, Metropolitan, Napa and Patton State Hospitals, which provide services to persons with mental disorders. The State hospital Agreement will allow use of the State hospital beds for the mental health consumers in the County of Los Angeles.

CONTRACTING PROCESS:

This subject does not apply.

Attachment

MI:\State hospitals\Fact Sheet

June 3, 2003

EXHIBIT B-ATTACHMENT

LOS ANGELES COUNTY STATE HOSPITAL COST COMPUTATION July 1, 2002, through June 30, 2003

July 1, 2002, through October 31, 2002 (123 days)

1. BEDS REQUESTED BY HOSPITAL, BY COST CENTER

Cost Center	Metropolitan	Napa	Total
Acute Psychiatric/Spec.	70	0	70
Youth Services	67	0	67
Continuing Medical Care (SNF)	0	0	0
ICF-Psychiatric Subacute	218	0	218
Total Beds Requested	355	0	355

2. COUNTY NET RATE FOR 2002-03

Cost Center	Metropolitan	Napa
Acute Psychiatric/Spec.	\$375.14	\$0.00
Youth Services	\$385.32	\$0.00
Continuing Medical Care (SNF)	\$324.67	\$364.18
ICF-Psychiatric Subacute	\$346.45	\$330.43

3. TOTAL COMPUTED COSTS FOR CONTRACTED BEDS

Methodology: Multiply the county net rate times 123 to find the period cost per bed for the cost center. Multiply the period cost times the number of beds requested in the cost center to find the total period cost per cost center.

Cost Center	Metropolitan	Napa	Total
Acute Psychiatric/Spec.	\$3,229,955	\$0	\$3,229,955
Youth Services	\$3,175,422	\$0	\$3,175,422
Continuing Medical Care (SNF)	\$0	\$0	\$0
ICF-Psychiatric Subacute	\$9,289,710	\$0	\$9,289,710
Total County Costs	\$15,695,087	\$0	\$15,695,087

EXHIBIT B-ATTACHMENT

LOS ANGELES COUNTY STATE HOSPITAL COST COMPUTATION July 1, 2002, through June 30, 2003

November 1, 2002, through November 30, 2002 (30 days)

4. BEDS REQUESTED BY HOSPITAL, BY COST CENTER

Cost Center	Metropolitan	Napa	Total
Acute Psychiatric/Spec.	70	0	70
Youth Services	67	0	67
Continuing Medical Care (SNF)	0	0	0
ICF-Psychiatric Subacute	211	0	211
Total Beds Requested	348	0	348

5. COUNTY NET RATE FOR 2002-03

Cost Center	Metropolitan	Napa
Acute Psychiatric/Spec.	\$375.14	\$0.00
Youth Services	\$385.32	\$0.00
Continuing Medical Care (SNF)	\$324.67	\$364.18
ICF-Psychiatric Subacute	\$346.45	\$330.43

6. TOTAL COMPUTED COSTS FOR CONTRACTED BEDS

Methodology: Multiply the county net rate times 30 to find the period cost per bed for the cost center. Multiply the period cost times the number of beds requested in the cost center to find the total period cost per cost center.

Cost Center	Metropolitan	Napa	Total
Acute Psychiatric/Spec.	\$787,794	\$0	\$787,794
Youth Services	\$774,493	\$0	\$774,493
Continuing Medical Care (SNF)	\$0	\$0	\$0
ICF-Psychiatric Subacute	\$2,193,029	\$0	\$2,193,029
Total County Costs	\$3,755,316	\$0	\$3,755,316

EXHIBIT B-ATTACHMENT

LOS ANGELES COUNTY STATE HOSPITAL COST COMPUTATION July 1, 2002, through June 30, 2003

December 1, 2002, through June 30, 2003 (212 days)

7. BEDS REQUESTED BY HOSPITAL, BY COST CENTER

Cost Center	Metropolitan	Napa	Total
Acute Psychiatric/Spec.	65	0	65
Youth Services	67	0	67
Continuing Medical Care (SNF)	0	0	0
ICF-Psychiatric Subacute	200	0	200
Total Beds Requested	332	0	332

8. COUNTY NET RATE FOR 2002-03

Cost Center	Metropolitan	Napa
Acute Psychiatric/Spec.	\$375.14	\$0.00
Youth Services	\$385.32	\$0.00
Continuing Medical Care (SNF)	\$324.67	\$364.18
ICF-Psychiatric Subacute	\$346.45	\$330.43

9. TOTAL COMPUTED COSTS FOR CONTRACTED BEDS

Methodology: Multiply the county net rate times 212 to find the period cost per bed for the cost center. Multiply the period cost times the number of beds requested in the cost center to find the total period cost per cost center.

Cost Center	Metropolitan	Napa	Total
Acute Psychiatric/Spec.	\$5,169,429	\$0	\$5,169,429
Youth Services	\$5,473,085	\$0	\$5,473,085
Continuing Medical Care (SNF)	\$0	\$0	\$0
ICF-Psychiatric Subacute	\$14,689,480	\$0	\$14,689,480
Total County Costs	\$25,331,994	\$0	\$25,331,994

EXHIBIT B-ATTACHMENT

LOS ANGELES COUNTY STATE HOSPITAL COST COMPUTATION July 1, 2002, through June 30, 2003

10.NET UTILIZATION CALCULATION METHODOLOGY

For the 2002-03 State Hospital Bed Purchase and Usage Standard the following methodology will be used to calculate the County's use of state hospital resources, if any, in excess of the contract amount specified in this Agreement.

- A. Excess use will be calculated twice during the fiscal year, once in January 2003 for the first six (6) month period and again in July 2003 for the second six (6) month period. The State Controller will be directed to make an adjustment in the Schedule "B" for the county to reflect any excess use charge.
- B. The total cost of the County's actual use in all cost centers at Napa and Metropolitan State Hospitals for the six-month period will be calculated. County LPS patients at Atascadero or Patton State Hospitals are charged to the ICF-Psychiatric Subacute cost center at the County's hospital of primary use – Metropolitan or Napa State Hospital. The County will be charged the contract amount or the actual cost of the County's state hospital use whichever is greater.

11.BASE CONTRACT AMOUNT

The total of items #3, #6 and #9 on pages 1, 2 and 3, respectively, is \$44,782,397. This amount appears in I., A. of Exhibit B. This amount may be increased as indicated above and to reflect any required adjustment in the \$24.71 per day offset as described in Exhibit B.